ADDRESS

COUNTRY

Signature

Name (Print/Type)

CITY

P.O. Box 1590

Jeffrey E. Griffin

STATE

TELEPHONE

Rosharon

U.S.

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Grease type a plus sign (+)	in this box → [.+.]	uns are required to respond	to a coll	ection	Patent and Tradem	ark Office	use through 9/30/2000. C	FCOMMERC	
S	ucuon rice or 1993, no perso	nis are required to respond	T				s a valid OMB control nui	mber E	
UTILITY PATENT APPLICATION TRANSMITTAL			Attorney Docket No.: 89 0469						
			First Named Inventor or Application Identifier: McCartney						
			Title: LUBRICATION SYSTEM FOR DOWNHOLE APPLICATION						
(Only for new nonpi	(Only for new nonprovisional applications under 37 CFR 1.53 (b))			Express Mail Label No.: EL 765 786 024 US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			Box Patent Application ADDRESS TO: Assistant Commissioner for Patents Washington, DC 20231						
 E Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and duplicate for fee processing) E Specification [Total Pages: 18] Descriptive title of the Invention Cross Reference to Related Applications Statement Regarding Fed-sponsored R & D 					Nucleotide and (if applicable, a a. ☐ Compute b. ☐ Paper C	d/or Amin <i>all neces:</i> er Reada Copy			
1	 Reference to Microfiche Appendix Background of the Invention 			ACCOMPANYING APPLICATION PARTS					
- Brief Summary of the Invention - Brief Descriptions of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. ☑ Drawings (35 U.S.C. 113) [Total Sheets: 5] 4. Oath or Declaration [Total Pages: 4] a. ☑ Newly executed (original or copy) b. ☐ Copy from prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 16 completed) i ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). *MOTE FOR ITEMS 1&13. IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 c.f.r. 1.28).			7.						
LJ Continuation Prior application in For CONTINUATIO under Box 4b, is co	ING APPLICATION, Divisional Conformation: Examiner No or DIVISIONAL APPS of the disconstitution of the disconsti	ontinuation-in-part (CIP) only. The entire disclosu	of Groure of the color	prior up/Ai e prio	application No or application, from	which an	oath or declaration is su	upplied	
		17. CORRESPON	DENC	E AD	DRESS				
Customer Number	Customer Number or Bar Code Label (Insert customer No. or			h bar	code label here)	or 🗷	Correspondence addr	ess below	
	Jeffrey E. Griffin								
NAME Schlumberger Technology Corporation, Schlumber					ervoir Completions				
	14910 Airline Road								

Date: Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF DOMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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FEE TRANSMITTAL	Complete if Known							
	Application Number							
For FY 2001	Filing Date							
Patent fees are subject to annual revision.	First Named Inventor			Pa	Patrick M. McCartney			
Small Entity payments must be supported by a small entity statement,		Group Art Unit						
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name			- 00	90.0460			
TOTAL AMOUNT OF PAYMENT \$1162	Attorney Docket Number				89 0469			
METHOD OF PAYMENT (Check one)					CALCUL	ATION (continued)		
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		ODITIO	NAL F	EES				
		Entity		Entity		Fee Description		Fee Paid
		Fee	Fee Code	Fee				
Deposit Account Number 50-0457		(\$)	Code	(\$)				
Deposit Account Name Schlumberger Technology Corp.		130 50	205 227	65 25		ge - late filing fee or oath ge - late provisional filing	fee or	
Charge Any Additional Fee Required				120	cover sh			
Under 37 CFR 1.16 and 1.17	139 147	130 2,520	139 147	130 2,520		glish specification ga request for reexamina	tion	
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2. Payment Enclosed:	''-	525			Examine	er action		
Check Money Order Other	113	1840*	113	1840*	Examine			
FEE CALCULATION	115	110	215	55		on for response within firs		
	116	380	216	190	Extension month	on for response within sec	cond	
1. BASIC FILING FEE	117	870	217	435		on for response within thir	rd month	
Large Entity Small Entity	118	1,360	218	680		on for response within fou		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid		,,,,,,,			month			
Code (\$) Code (\$) Fee Paid 101 710 201 355 Utility filing fee \$710	128	1,850	228	925	Extension	on for response within fifth	n month	
106 320 206 160 Design filing fee	119	300	219	150	Notice o			
107 490 207 245 Plant Filing fee	120	300	220	150	_	brief in support of an app	eal	
108 710 208 355 Reissue filing fee	121	260	221	130	•	t for oral hearing		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	proceed	to institute a public use		
SUBTOTAL (1) \$710	140	110	240	55	•	to revive unavoidably aba	andoned	
Fee from Fee 2. CLAIMS Extra below Paid	141	1,210	241	605	Petition	to revive unintentionally ned application		
Total Claims	142	1,210	242	605	Utility is:	• •		
34 -20 = 14 \$18.00 = 252	143	430	243	215	Design ı	ssue fee		
Claims 5 -3 = 2 \$80.00 = 160	144	580	244	290	Plant iss	sue fee		
Multiple Dependent Claims	122	130	122	130		to Commissioner		
Large Entity Small Entity	123	50	123	50		s related to provisional		
Fee Fee Fee Fee Fee Description	126	240	126	240	applicati	ions sion of Information Disclo	sure	
Code (\$) Code (\$)	120	440	120	240	Stmt	S.C., Or MICHAGON DISOR		
103 18 203 9 Claims in excess of 20	581	40	581	40	Recordi	ng each patent assignme		
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claims			0:-			(times number of proper		\$40
109 78 209 39 **Reissue independent claims over	146	760	246	380	Filing a : CFR 1.1	submission after final reje	ection (37	
original patent	149	760	249	380	For each	n 29(a)) h additional invention to b	oe .	-
110 18 210 9 **Reissue claim in excess of 20 and over original patent	'	. 00	10	555		ed (37 CFR 1.129(b))		
and over original patent								
	Other f	ee (specif	y)				_	
SUBTOTAL(2) \$412	Other f	ee (specif	hΛ					
	Culei	us (apeul	<i>"</i>			SUBTOTAL(3)	_	\$40
	*Redu	iced by B	asic Filir	ng Fee F	Paid	`,		
SUBMITTED BY	.1					Complete (if applicable)		
Inffrage E Criffin						<u> </u>		
Typed or Jeffrey E. Griffin Printed Name						Reg. Number	36,	534
Signature						Deposit Account User ID		

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